U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

. File Number U - 7068	2. Fiscal Year Covered From:
Surgeophysical and activities of the control of the	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Christopher Prophet	Name Iron Workers AFL-CIO LU 401
Name Christopher Prophet	Mane Tion Molkers Wypecto In 401
	Labor Organization File Number 022-309
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11600 Norcom Road	Street 11600 Norcom Road
City Philadelphia	City Philadelphia
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154
. Position in labor organization. Executive Board	
(except as specified in the e	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
(except as specified in the e	oxclusions set forth in the Instructions):  , or derived income or other economic benefit of zation represents or is actively seeking to represent.
(except as specified in the e b. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organized	exclusions set forth in the instructions):  , or derived income or other economic benefit of
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(except as specified in the ear. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  S  15. Signature and verification. The undersigned declares, under penalty	axclusions set forth in the Instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	axclusions set forth in the Instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Christopher Prophet	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Iron Workers Local Union 401  Trade Name, if any: Apprentice Training Fund  P.O. Box, Bkdg., Room No., if any	11.a. Nature of such dealing.  Attendance at Apprentice Annual Awards Banquet 6/4/04.	
Street 11600 Norcom Road  City Philadelphia	11.b. Approximate dollar value of such dealing. \$103  12.a. Nature of interest held or income received.	
State Pennsylvania ZIP Code + 4 19154		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	